

Vickie L. Driver
 Texas Bar No. 24026886
 Christina W. Stephenson
 Texas Bar No. 24049535
HUSCH BLACKWELL LLP
 2001 Ross Avenue, Suite 2000
 Dallas, Texas 75201
 Phone: (214) 999-6100
 Fax: (214) 999-6170
 Email: vickie.driver@huschblackwell.com
 Email: crissie.stephenson@huschblackwell.com

PROPOSED COUNSEL FOR THE DEBTORS

**UNITED STATES BANKRUPTCY COURT
 FOR THE NORTHERN DISTRICT OF TEXAS
 FORT WORTH DIVISION**

IN RE:	§	
	§	CHAPTER 11
	§	
FOUNDATION HEALTHCARE, INC.,	§	
<i>et al.,</i>	§	CASE NO. 17-42571
	§	
DEBTORS.¹	§	Complex Case
	§	Jointly Administered

**NOTES REGARDING SCHEDULES OF ASSETS AND
 LIABILITIES AND STATEMENT OF FINANCIAL AFFAIRS**

On June 21, 2017 (the “Petition Date”), Foundation HealthCare, Inc., and University General Hospital, LLC each filed voluntary petitions for relief under chapter 11 of title 11 of the United States Code (the “Bankruptcy Code”) in the United States Bankruptcy Court for the Northern District of Texas, Fort Worth Division (the “Bankruptcy Court”). The Debtors have requested, and the Bankruptcy Court has so ordered, that their cases be jointly administered under Case No. 17-42571.

With the assistance of its Bankruptcy Court approved advisors, the Debtors prepared the annexed Schedules of Assets and Liabilities (the “Schedules”), the Statement of Financial Affairs (the “SOFAs” and together with the Schedules, the “Schedules and SOFAs”), and the Lists of Equity Security Holders (the “Lists”) pursuant to Section 521 of the Bankruptcy Code and Rule 1007 of the Federal Rules of Bankruptcy Procedure. The Schedules and SOFAs and Lists are unaudited and do not purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles in the United States (“GAAP”), and they are not intended to be fully reconciled to the financial statements.

¹ The Debtors in these Chapter 11 cases are Foundation Healthcare, Inc. and University General Hospital, LLC.

Although the Debtors' advisors and remaining officers, directors and contract employees have made every reasonable effort to ensure that the Schedules and SOFAs and Lists are accurate and complete based on information that was available to them at the time of preparation, subsequent information or discovery may result in material changes to these Schedules and SOFAs and Lists, and inadvertent errors or omissions may have occurred. Subsequent receipt of information or an audit may result in material changes in financial data requiring amendment of the Schedules and SOFAs and Lists. These notes regarding each of the Debtor's Schedules and SOFAs and Lists (the "Notes") comprise an integral part of such Debtor's Schedules and SOFAs and Lists and should be referenced in connection with any review of the Schedules and SOFAs and Lists. Nothing contained in the Schedules and SOFAs or Lists shall constitute a waiver of any rights or claims of the Debtors against any third party, or in or with respect to any aspect of these chapter 11 cases.

1. Amendments. The Debtors reserve the right to amend or supplement the Schedules and SOFAs and Lists as necessary or appropriate.

2. Asset Presentation. Most assets and liabilities of the Debtors are shown on the basis of the book value in the respective Debtor's books and records, as of December 31, 2016, and not on the basis of current market values of such interest in property or liabilities; provided, however, that some adjustments have been made when the information was available subsequent thereto. In certain instances, where book value is known to be materially inaccurate, the Debtors listed some assets and liabilities as having an "unknown" value. The Debtors reserve their right to amend or adjust the value of each asset or liability set forth herein.

3. Liabilities. The Debtors sought to allocate liabilities between the prepetition and postpetition periods based on the information and research that was conducted in connection with the preparation of the Schedules and SOFAs. As additional information becomes available and further research is conducted, the allocation of liabilities between prepetition and postpetition periods may change. The Debtors also reserve the right to change the allocation of liability to the extent additional information becomes available.

4. Causes of Action. Despite reasonable efforts, the Debtors may not have identified or set forth all of its causes of action against third parties as assets in its Schedules and SOFAs. The Debtors reserve any and all of their rights with respect to any causes of action they each may have, and neither these Notes nor the Schedules and SOFAs shall be deemed a waiver of any such causes of action.

5. Claim Description. Any failure to designate a claim on the Schedules or SOFAs as "disputed," "contingent" or "unliquidated" does not constitute an admission by the respective Debtor that such claim is not "disputed," "contingent" or "unliquidated." The Debtors reserve the right to dispute, or to assert offsets or defenses to, any claim reflected on its Schedules and SOFAs as to amount, liability, priority, secured or unsecured status, or classification, or to otherwise designate any claim as "disputed," "contingent" or "unliquidated" by filing and serving an appropriate amendment. The Debtors also reserve the right to amend their Schedules or SOFAs as necessary or appropriate.

6. Property and Equipment. The Debtors have not completed a physical inventory of any of their owned equipment, merchandise or other physical assets and any information set forth in the Schedules and SOFAs may be over or understated. Further, nothing in the Schedules or SOFAs (including, without limitation, the failure to list leased property or equipment as owned property or equipment) is or shall be construed as an admission as to the determination of legal status of any lease (including whether any lease is a true lease or financing arrangement), and the Debtors reserve all of their rights with respect to such issues. Notwithstanding the foregoing, an inventory of supplies for UGH was conducted in December 2016.

7. Insurance. The Debtors have, in the past, maintained a variety of insurance policies including property, general liability, and workers' compensation policies and other employee-related policies. The Debtors' interest in these types of policies is limited to the amount of the premiums that the Debtors have prepaid, if any, as of Petition Date. To the best of each Debtor's knowledge, no such prepayments exist. The Debtors do reserve all rights to refunds of any overpayments of premiums paid on any insurance policies.

8. Insiders. In the circumstances where the Bankruptcy Schedules require information regarding insiders or officers and directors, included herein are the relevant Debtor's (a) directors (or persons in similar positions) and (b) officers. The listing of a party as an insider is not intended to be nor should it be construed as a legal characterization of such party as an insider and does not act as an admission of any fact, claim, right or defense and all such rights, claims and defenses are hereby expressly reserved. Further, employees have been included in this disclosure for informational purposes only and should not be deemed to be "insiders" in terms of control of the Debtors, management responsibilities or functions, decision-making or corporate authority or as otherwise defined by applicable law, including, without limitation, the federal securities laws, or with respect to any theories of liability or for any other purpose.

9. Schedule A/B—Real and Personal Property. As of the Petition Date, certain equipment and property was foreclosed upon, repossessed, or picked up by various parties. While the Debtors have attempted to identify each such situation, that analysis is made complicated by the fact that the UGH Debtor is no longer in possession of that leased premises. To the extent any Debtor learns of a piece of property that has been subject to a repossession or foreclosure impacting the listing in this schedule, such Debtor reserves the right to amend such Schedule and SOFA reflecting same.

10. Schedule D—Creditors Holding Secured Claims. Except as specifically stated herein, real property lessors, utility companies and other parties which may hold security deposits have not been listed on Schedule D. The Debtors have not included on Schedule D all parties that may believe their claims are secured through setoff rights, deposits posted by, or on behalf of, the Debtors, or inchoate statutory lien rights. While reasonable efforts have been made, determination of the date upon which each claim in Schedule D was incurred or arose would be unduly and cost prohibitive, and therefore, the Debtors may not list a date for each claim listed on Schedule D.

11. Schedule E—Creditors Holding Unsecured Priority Claims. The listing of any claim on Schedule E does not constitute an admission by such Debtor that such claim is

entitled to priority under section 507 of the Bankruptcy Code. The Debtors reserve the right to dispute the priority status of any claim on any basis. While reasonable efforts have been made, determination of the date upon which each claim in Schedule E was incurred or arose would be unduly burdensome and cost prohibitive, and therefore, the Debtor may not list a date for each claim listed on Schedule E. Additionally, the Debtors have not included employee-related priority claims that existed as of the Petition Date to the extent that such claims have been or are approved for payment pursuant to orders entered by the Bankruptcy Court.

12. Schedule F—Creditors Holding Unsecured Nonpriority Claims. The liabilities identified in Schedule F are derived from the respective Debtor's books and records, which may or may not, in fact, be completely accurate, but they do represent a reasonable attempt by each Debtor to set forth its unsecured obligations. Accordingly, the actual amount of claims against each Debtor may vary from the represented liabilities. Parties in interest should not accept that the listed liabilities necessarily reflect the correct amount of any unsecured creditor's allowed claims or the correct amount of all unsecured claims. Similarly, parties in interest should not anticipate that recoveries in these cases will reflect the relationship of aggregate asset values and aggregate liabilities set forth in the Schedules and SOFAs. Parties in interest should consult their own professionals or advisors with respect to pursuing a claim. Although the Debtors and their professionals have generated financials the Debtors believe to be reasonable, actual liabilities (and assets) may deviate from the Schedules and SOFAs due to certain events that may occur throughout the duration of these chapter 11 cases.

The claims listed on Schedule F arose or were incurred on various dates. In certain instances, the date on which a claim arose may be unknown or subject to dispute. Although reasonable efforts have been made to determine the date upon which claims listed in Schedule F was incurred or arose, fixing that date for each claim in Schedule F would be unduly burdensome and cost prohibitive and, therefore, the Debtors may not have listed a date for each claim listed on Schedule F.

13. Schedule G—Executory Contracts. While effort has been made to ensure the accuracy of Schedule G, inadvertent errors or omissions may have occurred. Listing a contract or agreement on Schedule G does not constitute an admission that such contract or agreement is an executory contract or unexpired lease or that such contract or agreement was in effect on the Petition Date or is valid or enforceable. The Debtors hereby reserve all of their rights to dispute the validity, status, or enforceability of any contracts, agreements, or leases set forth in Schedule G and to amend or supplement such Schedule as necessary. Certain of the leases and contracts listed on Schedule G may contain certain renewal options, guarantees of payment, options to purchase, rights of first refusal and other miscellaneous rights. Such rights, powers, duties and obligations are not set forth separately on Schedule G. In addition, the Debtors may have entered into various other types of agreements in the ordinary course of its business, such as easements, right of way, subordination, nondisturbance agreements, supplemental agreements, amendments/letter agreements, title agreements and confidentiality agreements. Such documents are also not set forth in Schedule G.

The Debtors reserve all rights to dispute or challenge the characterization of the structure of any transaction or any document or instrument related to a creditor's claim. The Debtors may be party to certain agreements that have expired by their terms, but all parties continue to operate under the agreement. Out of an abundance of caution, the Debtors have listed such agreements on Schedule G. The Debtor's inclusion of such contracts or agreements on Schedule G is not an admission that such contract or agreement is an executory contract or unexpired lease.

Omission of a contract or agreement from Schedule G does not constitute an admission that such omitted contract or agreement is not an executory contract or unexpired lease. The Debtors' rights under the Bankruptcy Code with respect to any such omitted contracts or agreements are not impaired by the omission.

In some cases, the same supplier or provider may appear multiple times in the Schedules. Multiple listings, if any, reflect distinct agreements between such Debtor and such supplier or provider. The listing of any contract on Schedule G does not constitute an admission by the Debtor as to the validity of any such contract. The Debtors reserve the right to dispute the effectiveness of any such contract listed on Schedule G or to amend Schedule G at any time to remove any contract.

14. Schedule H – Codebtors. It is possible that some of the Debtors affiliates, including one another in some instances, may be viewed by a particular creditor as being co-obligors on such debt. However, none of those affiliates are viewed by the Debtors as having any ability to pay those debts and many are owned in whole or in part by one of the Debtors, FHI. Finally, it would be unduly burdensome and of relatively little to no value to the Debtors' estates to attempt to delineate those co-obligors for each debt. Consequently, the Debtors have not listed those as co-debtors on Schedule H.

15. Statement of Financial Affairs 19(d) – Financial Statements. The Debtors have each undertaken reasonable efforts to identify all financial institutions, creditors and other parties to whom a financial statement was issued within two years immediately preceding the Petition Date. The Debtors reserve their rights to subsequently supplement or amend Statement 19d upon discovery of additional information.

16. Statement of Financial Affairs 4 and 30 – Payments within One Year to Insider. The information available at the time of filing has been included; however, information regarding stock options, redemptions, and potential loan reductions were unavailable and have not been included.

17. Lists of Equity Security Holders. The Debtors have exercised due diligence to provide the most accurate listings of Equity Security Holders available to them at this time. The Debtors reserve the right to amend or supplement the Lists.

18. Specific Notes. These General Notes are in addition to the specific notes set forth in the individual Schedules and SOFAs and Lists. Disclosure of information in one Schedule, SOFA, exhibit, List, or continuation sheet even if incorrectly placed, shall be deemed to be disclosed in the correct Schedule, SOFA, exhibit, List, or continuation sheet.

19. Totals. All totals that are included in the Schedules represent totals of the liquidated amounts for the individual schedule for which they are listed.

20. Unliquidated Claim Amounts. Claim amounts that could not be fairly quantified by the Debtors are scheduled as “unliquidated” or “unknown.”

21. General Reservation of Rights. The Debtors specifically reserve the right to amend, modify, supply, correct, change or alter any part of their Schedules and SOFAs or Lists as and to the extent necessary as they each deem appropriate.

Fill in this information to identify the case:Debtor name University General Hospital, LLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXASCase number (if known) 17-42570-rfn11☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ 0.00**1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ 3,556,442.85**1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ 3,556,442.85**Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 9,663,614.07**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 1,794.00**3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 33,418,209.83**4. Total liabilities**
Lines 2 + 3a + 3b\$ 43,083,617.90

Fill in this information to identify the case:Debtor name University General Hospital, LLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXASCase number (if known) 17-42570-rfn11☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest**

2.	Cash on hand			\$0.00
3.	Checking, savings, money market, or financial brokerage accounts (Identify all)			
	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1.	<u>Amegy Bank</u>	<u>Depository Account</u>	<u>7558</u>	<u>\$8,800.70</u>
3.2.	<u>Chase Bank</u>	<u>Analysis Business Checking</u>	<u>4419</u>	<u>\$98.70</u>
3.3.	<u>Texas Capital Bank</u>	<u>Depository Account</u>	<u>2845</u>	<u>\$0.00</u>
3.4.	<u>Texas Capital Bank</u>	<u>Operating Account</u>	<u>2837</u>	<u>\$265,420.32</u>
3.5.	<u>Texas Capital Bank</u>	<u>Payroll Account</u>	<u>2860</u>	<u>\$0.00</u>
3.6.	<u>Texas Capital Bank</u>	<u>AP Account</u>	<u>2852</u>	<u>\$0.00</u>

Debtor University General Hospital, LLC
NameCase number (If known) 17-42570-rfn11

3.7. <u>Texas Capital Bank</u>	<u>Debit Card Account</u>	<u>4478</u>	<u>\$0.00</u>
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4. **Other cash equivalents** (Identify all)5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$274,319.72

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.
- ☐ Yes Fill in the information below.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
- ☒ Yes Fill in the information below.

11. **Accounts receivable**

11b. Over 90 days old:	<u>22,116,079.93</u>	-	<u>20,474,541.11</u>	=....	<u>\$1,641,538.82</u>
	face amount		doubtful or uncollectible accounts		

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$1,641,538.82

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
- ☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.
- ☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
- ☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
- ☒ Yes Fill in the information below.

Debtor University General Hospital, LLC
NameCase number (If known) 17-42570-rfn11

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Various desks, chairs, tables, bookcases, etc.	\$741,674.49	Book Value	\$741,674.49
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software Computer Equipment and Software	\$302,919.99	Book Value	\$302,919.99
	Miscellaneous Office Equipment	\$595,989.83	Book Value	\$595,989.83

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$1,640,584.3144. **Is a depreciation schedule available for any of the property listed in Part 7?**☒ No☐ Yes45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**☒ No☐ Yes**Part 8: Machinery, equipment, and vehicles**46. **Does the debtor own or lease any machinery, equipment, or vehicles?**☒ No. Go to Part 9.☐ Yes Fill in the information below.**Part 9: Real property**54. **Does the debtor own or lease any real property?**☒ No. Go to Part 10.☐ Yes Fill in the information below.**Part 10: Intangibles and intellectual property**59. **Does the debtor have any interests in intangibles or intellectual property?**☒ No. Go to Part 11.☐ Yes Fill in the information below.**Part 11: All other assets**70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.☒ Yes Fill in the information below.

Debtor University General Hospital, LLC
NameCase number (If known) 17-42570-rfn11Current value of
debtor's interest71. **Notes receivable**
Description (include name of obligor)72. **Tax refunds and unused net operating losses (NOLs)**
Description (for example, federal, state, local)73. **Interests in insurance policies or annuities**Atlantic Specialty Insurance Company - D&O PolicyUnknown74. **Causes of action against third parties (whether or not a lawsuit has been filed)**75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**CLIA lab claimUnknownNature of claimBreach of Contract/TortAmount requested\$0.0076. **Trusts, equitable or future interests in property**77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$0.0079. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**☒ No☐ Yes

Debtor University General Hospital, LLC
NameCase number (If known) 17-42570-rfn11**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$274,319.72</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$1,641,538.82</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$1,640,584.31</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$3,556,442.85</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$3,556,442.85</u>

Fill in this information to identify the case:Debtor name **University General Hospital, LLC**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**Case number (if known) **17-42570-rfn11**☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.☒ Yes. Fill in all of the information below.**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Amegy Bank NA Creditor's Name 5 Post Oak Parkway Third Floor, Suite 4400 Houston, TX 77027 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien NOTICE ONLY Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00

2.2	Cardinal Health Creditor's Name 7000 Cardinal Place Dublin, OH 43017 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien NOTICE ONLY Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$0.00	\$0.00
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Debtor **University General Hospital, LLC**

Name

Case number (if known)

17-42570-rfn11☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.☐ Contingent☐ Unliquidated☐ Disputed

2.3

First Financial Corporate Leasing, LLC

Creditor's Name

**771 Kimberly Avenue
Placentia, CA 92870**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**12/31/2015****Last 4 digits of account number****6001****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$2,136,334.31**\$5,000,000.00****Medical Equipment**

Describe the lien

Capital Lease

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

2.4

Republic Bank

Creditor's Name

**801 North 500 West, Suite
103****Woods Cross, UT 84087**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$0.00**\$0.00****NOTICE ONLY**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

2.5

Siemens Financial Services, Inc.

Creditor's Name

**170 Wood Avenue South
Iselin, NJ 08830**

Creditor's mailing address

Describe debtor's property that is subject to a lien

\$0.00**\$0.00****NOTICE ONLY**

Describe the lien

Debtor **University General Hospital, LLC**
NameCase number (if know) **17-42570-rfn11**

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

2.6

Siemens Medical Solutions USA, Inc.

Creditor's Name

**51 Valley Stream Parkway
Malvern, PA 19355**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$0.00**\$0.00****NOTICE ONLY**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

2.7

Texas Capital Bank

Creditor's Name

**2350 Lakeside Boulevard,
Suite 800
Richardson, TX 75082**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

12/31/2015

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$7,303,755.03**\$1,871,146.25****Loans**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Debtor **University General Hospital, LLC**
NameCase number (if known) **17-42570-rfn11**

2.8	Toshiba America Medical 41374478 <small>Creditor's Name</small> PO Box 911608 Denver, CO 80291-1608 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 06/01/2016 Last 4 digits of account number 4478 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Surgical Table <hr/> Describe the lien Capital Lease Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$52,931.13 <hr/>	\$59,698.20 <hr/>
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2.9	Toshiba America Medical 41377578 <small>Creditor's Name</small> PO Box 911608 Denver, CO 80291-1608 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 06/10/2016 Last 4 digits of account number 7578 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Washer Disinfector <hr/> Describe the lien Capital Lease Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$65,740.99 <hr/>	\$74,146.00 <hr/>
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2.1 0	Toshiba America Medical 41377579 <small>Creditor's Name</small> PO Box 911608 Denver, CO 80291-1608 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 01/08/2016	Describe debtor's property that is subject to a lien Mobile X-Ray <hr/> Describe the lien Capital Lease Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	\$104,852.61 <hr/>	\$118,259.00 <hr/>
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Debtor **University General Hospital, LLC**

Name

Case number (if known)

17-42570-rfn11

Last 4 digits of account number

7579

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$9,663,614.0**7****Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fill in this information to identify the case:Debtor name **University General Hospital, LLC**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**Case number (if known) **17-42570-rfn11**☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Texas Department of Licensing and Regula 920 Colorado St Austin, TX 78701	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$210.00	\$210.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address Texas State Comptroller PO Box 13528 Austin, TX 78711	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,584.00	\$1,584.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor University General Hospital, LLC		Case number (if known) 17-42570-rfn11
Name		

3.1	Nonpriority creditor's name and mailing address AAF International 24828 Network Place Chicago, IL 60673-1248 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,907.10
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3.2	Nonpriority creditor's name and mailing address Abbott Vascular 75 Remittance Drive, Suite 1138 Chicago, IL 60675 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,575.53
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3.3	Nonpriority creditor's name and mailing address Acadian Ambulance Services PO Box 92970 Lafayette, LA 70509 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,001.12
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3.4	Nonpriority creditor's name and mailing address Acute Medical Services LLC PO Box 15010 Humble, TX 77346 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,423.33
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3.5	Nonpriority creditor's name and mailing address Advanced Biologics LLC c/o Mark Schuck The Schuck Law Firm 700 Louisiana Street, Suite 4800 Houston, TX 77002 Date(s) debt was incurred <u>10/30/2014</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.6	Nonpriority creditor's name and mailing address AESCLAP Implant Systems, LLC PO Box 780391 Philadelphia, PA 19178 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51,644.50
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3.7	Nonpriority creditor's name and mailing address Airgas, Inc 259 N. Radnor-Chester Rd Radnor, PA 19087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,919.12
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Debtor	University General Hospital, LLC	Case number (if known)	17-42570-rfn11
	Name		
3.8	Nonpriority creditor's name and mailing address Airpal Inc PO Box 1000 Limeport, PA 18060 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,551.22
3.9	Nonpriority creditor's name and mailing address AirScan Tech PO Box 1539 Springtown, TX 76082 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,155.00
3.10	Nonpriority creditor's name and mailing address Alere Informatics, Inc PO Box 845849 Boston, MA 02204-5849 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,843.84
3.11	Nonpriority creditor's name and mailing address Alere North America, LLC PO Box 846153 Boston, MA 02284 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,894.00
3.12	Nonpriority creditor's name and mailing address Allergan USA, Inc 12975 Collections Cener Dr Chicago, IL 60693-0129 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,432.65
3.13	Nonpriority creditor's name and mailing address ALLIANCE MT INC 1795 N. FRY ROAD #191 KATY, TX 77449 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32,503.25
3.14	Nonpriority creditor's name and mailing address Alliance Spine, LLC 14206 Northbrook Dr. San Antonio, TX 78232 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00

Debtor	University General Hospital, LLC Name	Case number (if known)	17-42570-rfn11
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3.15	Nonpriority creditor's name and mailing address ALLIED HEALTH SERVICES PO BOX 1011 SUGAR LAND, TX 77487 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73,366.80
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3.16	Nonpriority creditor's name and mailing address AllMedia, Inc. PO Box 262468 Plano, TX 75026 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,102.28
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3.17	Nonpriority creditor's name and mailing address Always in Season Inc PO Box 271502 Houston, TX 77277 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70,707.00
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3.18	Nonpriority creditor's name and mailing address Amendia 1755 West Oak Parkway Marietta, GA 30062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,683.33
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3.19	Nonpriority creditor's name and mailing address American Equifinance Corporation c/o Toby C. Easley Matthews Easley Chaney, P.C. 13430 Northwest Freeway, Suite 990 Houston, TX 77040-6197 Date(s) debt was incurred <u>01/16/2015</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.20	Nonpriority creditor's name and mailing address American Proficiency Institute Department 9526 Lansing, MI 48909 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,989.03
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3.21	Nonpriority creditor's name and mailing address Amtec Medical Inc 3709 Promontory Point Dr Austin, TX 78744 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,700.06
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Debtor	University General Hospital, LLC Name	Case number (if known)	17-42570-rfn11
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3.22	Nonpriority creditor's name and mailing address AngioDynamics PO Box 1549 Albany, NY 12201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$187,040.63
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3.23	Nonpriority creditor's name and mailing address Applied Medical PO Box 3511 Carol Stream, IL 60132-3511 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,486.55
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3.24	Nonpriority creditor's name and mailing address ARGOS IOM SERVICES, LP 6140 HIGHWAY 6 #211 MISSOURI CITY, TX 77459 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,750.00
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3.25	Nonpriority creditor's name and mailing address Arjohuntleigh, Inc PO Box 644960 Pittsburgh, PA 15264 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$136,737.04
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3.26	Nonpriority creditor's name and mailing address ARMS, Inc 3585 NE 207th St # 815 Miami, FL 33280 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,230.00
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3.27	Nonpriority creditor's name and mailing address Arthrex, Inc. PO Box 403511 Atlanta, GA 30384 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,077.84
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3.28	Nonpriority creditor's name and mailing address Asahi Intecc USA, Inc. 2500 Red Hill Avenue Santa Ana, CA 92705 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,527.79
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Debtor	University General Hospital, LLC	Case number (if known)	17-42570-rfn11
Name			
3.29	Nonpriority creditor's name and mailing address ASPYRA, LLC 705 SW 10TH STREET BLUE SPRINGS, MO 64015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,914.91
3.30	Nonpriority creditor's name and mailing address AT&T PO Box 5091 Carol Stream, IL 60197 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,033.64
3.31	Nonpriority creditor's name and mailing address Auto San, LLC PO Box 171415 Memphis, TN 38187 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,710.10
3.32	Nonpriority creditor's name and mailing address Axis Dialysis PO Box 1101 Bellaire, TX 77402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,950.00
3.33	Nonpriority creditor's name and mailing address Baptist Health System Laboratory Outreach San Antonio, TX 78205 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,379.07
3.34	Nonpriority creditor's name and mailing address Baxter HealthCare Corp PO Box 730531 Dallas, TX 75373 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,689.11
3.35	Nonpriority creditor's name and mailing address Bayer HealthCare PO Box 360172 Pittsburgh, PA 15251 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$646.47

Debtor	University General Hospital, LLC Name	Case number (if known)	17-42570-rfn11
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3.36	Nonpriority creditor's name and mailing address Baylor College of Medicine PO Box 301207 Dallas, TX 75303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,500.00
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3.37	Nonpriority creditor's name and mailing address Beckman Coulter Dept. CH 10164 Palatine, IL 60055 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33,911.18
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3.38	Nonpriority creditor's name and mailing address Best Choice Anesthesia & Pain PLLC Group 7010 Champion Plaza Suite 300 Houston, TX 77069 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$600.00
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3.39	Nonpriority creditor's name and mailing address Best Choice Anesthesia & Pain Svs LLC PO Box 3856 Houston, TX 77253-3866 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$700.00
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3.40	Nonpriority creditor's name and mailing address Best Receivables Management 12655 N. Central Expy, Suite 315 Dallas, TX 75243 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,081.38
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3.41	Nonpriority creditor's name and mailing address Biomerieux PO Box 500308 St. Louis, MO 63150 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,027.67
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3.42	Nonpriority creditor's name and mailing address Biomet Orthopedics PO Box 587 Warsaw, IN 46581-0587 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,921.44
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Debtor	University General Hospital, LLC Name	Case number (if known)	17-42570-rfn11
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3.43	Nonpriority creditor's name and mailing address BioMet Sports Medicine 75 Remittance Drive Chicago, IL 60675 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,874.15
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3.44	Nonpriority creditor's name and mailing address Bioventus LLC PO Box 732824 Dallas, TX 75373-2824 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,895.00
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3.45	Nonpriority creditor's name and mailing address Bone Bank Allografts PO Box 205609 Dallas, TX 75320-5609 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$71,685.00
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3.46	Nonpriority creditor's name and mailing address Boston Scientific Corporation PO Box 951653 Dallas, TX 75395 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58,711.08
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3.47	Nonpriority creditor's name and mailing address Bracco Diagnostics PO Box 978952 Dallas, TX 75397 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$855.21
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3.48	Nonpriority creditor's name and mailing address Buchanan Technologies, Inc P.O. Box 95274 Grapevine, TX 76099-9752 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$411.84
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3.49	Nonpriority creditor's name and mailing address C.R. Bard Inc. PO Box 75767 Charlotte, NC 28275 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,099.45
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Debtor Name	Case number (if known)	
University General Hospital, LLC	17-42570-rfn11	
3.50 Nonpriority creditor's name and mailing address Cambridge International, LLC 7505 Fannin Street Houston, TX 77054 Date(s) debt was incurred <u>12/31/2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Building</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,903,061.29
3.51 Nonpriority creditor's name and mailing address Cardinal Health 414, LLC Nuclear Pharmacy Services Chicago, IL 60673 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,222.05
3.52 Nonpriority creditor's name and mailing address CARDINAL HEALTH MEDICAL RESP PO BOX 730112 DALLAS, TX 75373 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$244,305.60
3.53 Nonpriority creditor's name and mailing address CardinalHealth - Pharmacy PO Box 847384 Dallas, TX 75284-7384 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$136,922.39
3.54 Nonpriority creditor's name and mailing address Cardiovascular Systems, Inc. Dept. CH 19348 Palatine, IL 60055 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,388.18
3.55 Nonpriority creditor's name and mailing address CareFusion 25146 Network Place Chicago, IL 60673 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,361.68
3.56 Nonpriority creditor's name and mailing address CARL ZEISS MEDITEC, INC PO BOX 100372 PASADENA, CA 91189-0372 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$370.69

Debtor Name	University General Hospital, LLC	Case number (if known)	17-42570-rfn11
3.57	Nonpriority creditor's name and mailing address Case Medical, Inc 19 Empire Blvd South Hackensack, NJ 07606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$145.64
3.58	Nonpriority creditor's name and mailing address Cayenne Medical, Inc Dept 2346 Dallas, TX 75312-2346 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,375.00
3.59	Nonpriority creditor's name and mailing address CDW Government 75 Remittance Drive Chicago, IL 60675 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,534.29
3.60	Nonpriority creditor's name and mailing address CenterPoint Energy PO Box 4981 Houston, TX 77210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,274.11
3.61	Nonpriority creditor's name and mailing address Centinel Spine Inc. 505 Park Avenue New York, NY 10022 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80,250.00
3.62	Nonpriority creditor's name and mailing address Cerk Security LLC 934 S 14th St La Porte, TX 77571 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,922.66
3.63	Nonpriority creditor's name and mailing address Choice Spine, LP 400 Elm Drive Knoxville, TN 37919 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,130.50

Debtor	University General Hospital, LLC	Case number (if known)	17-42570-rfn11
3.64	Nonpriority creditor's name and mailing address CHOSEN MD TECHNOLOGIES, LLC 1707 POST OAK BLVD HOUSTON, TX 77056 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,794.00
3.65	Nonpriority creditor's name and mailing address Christine Singleterry on Behalf of the Estate of James Singletary c/o Monica C. Vaughan 1990 Post Oak Boulevard, Suite 800 Houston, TX 77056 Date(s) debt was incurred <u>09/12/2014</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.66	Nonpriority creditor's name and mailing address Cigna P O Box 13701 Philadelphia, PA 19101-3701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.67	Nonpriority creditor's name and mailing address Clinical Pathology Laboratories, Inc PO Box 141669 Austin, TX 78714 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78,145.55
3.68	Nonpriority creditor's name and mailing address Clinical Physicians Path Lab PO Box 26013 El Paso, TX 79926 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$423,247.50
3.69	Nonpriority creditor's name and mailing address COMPREHENSIVE CARE SERVICES, INC 31330 SCHOOLCRAFT RD, SUITE 200 LIVONIA, MI 48150 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,198.88
3.70	Nonpriority creditor's name and mailing address Comprehensive Pharmacy Services, LLC PO Box 638316 Cincinnati, OH 45263 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$514,045.02

Debtor Name	Case number (if known)	
University General Hospital, LLC	17-42570-rfn11	
3.71 Nonpriority creditor's name and mailing address Comprehensive Pharmacy Services, LLC c/o Peter L. Scrimeca Andrews Davis, P.C. 100 N. Broadway, Suite 3300 Oklahoma City, OK 73102 Date(s) debt was incurred <u>04/19/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.72 Nonpriority creditor's name and mailing address ConforMIS PO Box 392311 Pittsburgh, PA 15251 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,150.00
3.73 Nonpriority creditor's name and mailing address ConMed Corporation Church Street Station New York, NY 10249-6814 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,417.80
3.74 Nonpriority creditor's name and mailing address Constellation 14217 Collections Center Dr. Chicago, IL 60693 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57,068.31
3.75 Nonpriority creditor's name and mailing address Cook Group Inc 22988 Network Place Chicago, IL 60673 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,364.31
3.76 Nonpriority creditor's name and mailing address CooperSurgical, Inc PO Box 712280 Cincinnati, OH 45271-2280 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,784.25
3.77 Nonpriority creditor's name and mailing address CoreLink 7606 Forsyth Boulevard Clayton, MO 63105 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73,935.00

Debtor Name	Case number (if known)	
University General Hospital, LLC	17-42570-rfn11	
3.78 Nonpriority creditor's name and mailing address Covidien PO Box 120823 Dallas, TX 75312 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60,595.07
3.79 Nonpriority creditor's name and mailing address Curatio Solutions LLC 6100 Camp Bowie Blvd Suite 28 Fort Worth, TX 76116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,784.02
3.80 Nonpriority creditor's name and mailing address CYBER LEASE, LLC 18818 TELLER AVE IRVINE, CA 92626 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,000.00
3.81 Nonpriority creditor's name and mailing address CyraCom, LLC PO Box 74008083 Chicago, IL 60674-8083 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.90
3.82 Nonpriority creditor's name and mailing address Daniels Sharpsmart, Inc. PO Box 7697 Carol Stream, IL 60197 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,816.22
3.83 Nonpriority creditor's name and mailing address De Soutter Medical USA Inc 224 Rolling Hill Rd, Ste 12A Morseville, NC 28117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$825.90
3.84 Nonpriority creditor's name and mailing address Delores Huling 1741 Stewart Street Cedar Hill, TX 75104 Date(s) debt was incurred <u>02/16/2017</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	University General Hospital, LLC Name	Case number (if known)	17-42570-rfn11
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3.85	Nonpriority creditor's name and mailing address DePuy Synthes Sales, Inc PO Box 32639 Palm Beach Gardens, FL 33420-2639 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,770.00
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3.86	Nonpriority creditor's name and mailing address DFINE DEPT. CH19333 PALANTINE, IL 60055 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,873.88
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3.87	Nonpriority creditor's name and mailing address Dispatch Riders Inc. 5225 Katy Frwy., #245 Houston, TX 77007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$598.93
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3.88	Nonpriority creditor's name and mailing address Djo Surgical PO Box 660126 Dallas, TX 00075-2600 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,000.00
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3.89	Nonpriority creditor's name and mailing address Door Control Services Inc PO Box 220 Bettendorf, IA 52722-0004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,137.46
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3.90	Nonpriority creditor's name and mailing address Duchman - Cardiology 6039 GLEN COVE ST HOUSTON, TX 77007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,000.00
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3.91	Nonpriority creditor's name and mailing address ECOLAB PO Box 70343 Chicago, IL 60673 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,251.26
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Debtor	University General Hospital, LLC Name	Case number (if known)	17-42570-rfn11
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3.92	Nonpriority creditor's name and mailing address ELEGANT VALET SERVICE, LLC 2323 S VOSS RD STE 470 HOUSTON, TX 77057 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40,740.00
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3.93	Nonpriority creditor's name and mailing address Entellus Medical 3600 Holly Lane Plymouth, MN 55447 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,937.05
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3.94	Nonpriority creditor's name and mailing address Evoqua Water Technologies, LLC 28563 Network Place Chicago, IL 60673 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$511.00
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3.95	Nonpriority creditor's name and mailing address Exactech US Inc. PO Box 674141 Dallas, TX 75267-4141 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,500.00
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3.96	Nonpriority creditor's name and mailing address Fire Safe Protection Services, LP PO Box 1759 Houston, TX 77251 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,956.71
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3.97	Nonpriority creditor's name and mailing address First Financial Corporate Leasing, LLC 711 Kimberly Avenue Suite 160 Placentia, CA 92870 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equipment Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,258,549.16
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3.98	Nonpriority creditor's name and mailing address First Insurance Funding Corp 450 Skokie Blvd Northbrook, IL 60062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44,152.58
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Debtor	University General Hospital, LLC	Case number (if known)	17-42570-rfn11
Name			
3.99	Nonpriority creditor's name and mailing address Fisher HealthCare 3970 Johns Creek Court, Suite 500 Suwanee, GA 30024 Date(s) debt was incurred ____ Last 4 digits of account number <u>8001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,874.18
3.100	Nonpriority creditor's name and mailing address Flower Orthopedics Corporation 100 Witmer Dr Horsham, PA 19044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,985.71
3.101	Nonpriority creditor's name and mailing address Foundation Ancillary Services Affiliate 9301 Southwest Freeway Houston, TX 77074 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,950.00
3.102	Nonpriority creditor's name and mailing address Frank Stubbs Co., Inc 1830 Eastman Ave Oxnard, CA 93030 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,412.72
3.103	Nonpriority creditor's name and mailing address Freedom Medical Inc PO Box 822704 Philadelphia, PA 19182-2704 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,421.74
3.104	Nonpriority creditor's name and mailing address FUJIFILM Medical Systems PO Box 347689 Pittsburgh, PA 15251 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,620.30
3.105	Nonpriority creditor's name and mailing address Fusion Medical Staffing, LLC PO Box 82674 Lincoln, NE 68501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,456.00

Debtor University General Hospital, LLC		Case number (if known) 17-42570-rfn11
Name		

3.106	Nonpriority creditor's name and mailing address GE HEALTHCARE PO BOX 640200 PITTSBURGE, PA 15264 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equipment Financing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$298,731.59
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3.107	Nonpriority creditor's name and mailing address GE Medical Systems Information Technolog Attn: Accounts Receivable 75 Remittance Drive Chicago, IL 60675 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33,449.84
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3.108	Nonpriority creditor's name and mailing address Genzyme Corporation 62665 Collections Center Drive Chicago, IL 60693-0626 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,467.38
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3.109	Nonpriority creditor's name and mailing address GI Supply Specialty Endoscopic Products 200 Grandview Avenue Camp Hill, PA 17011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$360.65
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3.110	Nonpriority creditor's name and mailing address Global Crossing Conferencing PO Box 790407 Saint Louis, MO 63179 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,000.00
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3.111	Nonpriority creditor's name and mailing address Global Dialysis Plus, Inc. c/o Mark W. Collmer Collmer Law Group 1221 Lamar Street, Suite 1302 Houston, TX 77010 Date(s) debt was incurred <u>03/07/2014</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.112	Nonpriority creditor's name and mailing address Grainger Dept 886459235 Kansas City, MO 64141 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,564.98
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Debtor Name	Case number (if known)	
University General Hospital, LLC	17-42570-rfn11	
3.113 Nonpriority creditor's name and mailing address Guardian Facility Solutions LLC 20831 White Hyacinth Dr Cypress, TX 77433 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,686.00
3.114 Nonpriority creditor's name and mailing address Halyard Sales, LLC PO Box 732583 Dallas, TX 75373 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,685.68
3.115 Nonpriority creditor's name and mailing address Healthcare Affiliates Inc 1 Vale Road, Suite 200 Bel Air, MD 21014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$330,435.00
3.116 Nonpriority creditor's name and mailing address HealthCare Logistics PO Box 400 Circleville, OH 43113 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,607.68
3.117 Nonpriority creditor's name and mailing address HealthStream, Inc PO Box 102817 Atlanta, GA 30368-2817 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,871.52
3.118 Nonpriority creditor's name and mailing address Hejdi Inc dba Allied Heaalth Services c/o Jason A. Richardson Edison, McDowell & Hetherington LLP 1001 Fannin, Suite 2700 Houston, TX 77002 Date(s) debt was incurred <u>04/07/2017</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.119 Nonpriority creditor's name and mailing address Henry Schein, Inc Dept CH 10241 Palatine, IL 60055 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,224.31

Debtor Name	University General Hospital, LLC	Case number (if known)	17-42570-rfn11
3.120	Nonpriority creditor's name and mailing address Holder's Pest Control PO Box 600730 Jacksonville, FL 32260 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,153.32
3.121	Nonpriority creditor's name and mailing address Houston Chronicle Credit Service Department 4747 Southwest Freeway Houston, TX 77027-6901 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,149.00
3.122	Nonpriority creditor's name and mailing address Houston Methodist Diagnostic Laboratorie 6565 Fannin Street, B490 Houston, TX 77030 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,798,040.70
3.123	Nonpriority creditor's name and mailing address HP Accounts Receivable 11311 W. Chinden Blvd. Garden City, ID 83714 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$400.53
3.124	Nonpriority creditor's name and mailing address In2Bones USA LLC 6060 Popular Ave Memphis, TN 38119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,955.00
3.125	Nonpriority creditor's name and mailing address Incisive Surgical 14405 21st Avenue North Plymouth, MN 55447 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$333.41
3.126	Nonpriority creditor's name and mailing address Indeed, Inc. Mail Code 5160 6433 Champion Grandview Way , Bldg. 1 Austin, TX 78750 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,003.99

Debtor	University General Hospital, LLC Name	Case number (if known)	17-42570-rfn11
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3.127	Nonpriority creditor's name and mailing address Inion Inc 2800 Glades Circle Weston, GL 33327 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,230.00
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3.128	Nonpriority creditor's name and mailing address Instratek 15200 Middlebrook Dr. Houston, TX 77058 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,035.00
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3.129	Nonpriority creditor's name and mailing address Integra LifeSciences PO Box 404129 Atlanta, GA 30384 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,470.56
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3.130	Nonpriority creditor's name and mailing address Integra Pain Management PO Box 100416 Atlanta, GA 30384 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$841.88
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3.131	Nonpriority creditor's name and mailing address Integrated Medical Systems PO Box 2725 Columbus, GA 31902-2725 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,584.03
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3.132	Nonpriority creditor's name and mailing address Intelligent Implant Systems, LLC 3300 International Airport Dr Charlotte, NC 28208 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,310.00
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3.133	Nonpriority creditor's name and mailing address Intersect ENT 1555 Adams Drive Menlo Park, CA 94025-1439 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,405.00
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Debtor	University General Hospital, LLC	Case number (if known)	17-42570-rfn11
3.134	Nonpriority creditor's name and mailing address Invuity, Inc. Dept CH 19705 Palatine, IL 60055 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$756.00
3.135	Nonpriority creditor's name and mailing address J&J Health Care Systems, Inc PO Box 406663 Atlanta, GA 30384 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,765.68
3.136	Nonpriority creditor's name and mailing address Jason M. Bahn, Individually and as Next Friend of Aiden J. Bahn, a Minor c/o Darrell L. Keith 301 Commerce Street, Suite 2850 Fort Worth, TX 76102 Date(s) debt was incurred <u>04/18/2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.137	Nonpriority creditor's name and mailing address Jessica Gwaltney c/o John S. Powell 2405 S. Grand Boulevard Pearland, TX 77581 Date(s) debt was incurred <u>03/16/2017</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.138	Nonpriority creditor's name and mailing address Joel Wane Follmar PO Box 122 Liverpool, TX 77577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$354.38
3.139	Nonpriority creditor's name and mailing address John and Melanie Amponsah c/o Everett Day Everett Day Law Firm 1811 Bering Ddrive, Suite 300 Houston, TX 77057 Date(s) debt was incurred <u>04/04/2017</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.140	Nonpriority creditor's name and mailing address Johnson Controls PO Box 730068 Dallas, TX 75373 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,018.42

Debtor University General Hospital, LLC		Case number (if known) 17-42570-rfn11
Name		

3.141	Nonpriority creditor's name and mailing address Jorge Guerrero, M.D. PO Box 230569 Houston, TX 77223 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,000.00
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3.142	Nonpriority creditor's name and mailing address JOY & YOUNG, LLP 2499 S. CAPITAL OF TEXAS HWY AUSTIN, TX 78746-7757 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,316.02
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3.143	Nonpriority creditor's name and mailing address K2M, Inc 600 Hope Parkway SF Leeburg, VA 20175 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,071.85
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3.144	Nonpriority creditor's name and mailing address KCI USA PO Box 301557 Dallas, TX 75303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,460.66
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3.145	Nonpriority creditor's name and mailing address Kelly Earsel 15 Charleston Dr Apt # 513 Houston, TX 77025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$97.78
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3.146	Nonpriority creditor's name and mailing address Kem Medical Products Corp 400 Broadhollow Road Farmingdale, NY 11735 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$102.00
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3.147	Nonpriority creditor's name and mailing address Khalid Monzer 1579 Pries Court Reno, NV 89523 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,032.07
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Debtor	University General Hospital, LLC Name	Case number (if known)	17-42570-rfn11
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3.148	Nonpriority creditor's name and mailing address Khoa Nguyen 7501 Fannin St. Houston, TX 77054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,000.00
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3.149	Nonpriority creditor's name and mailing address King Guide Publications, Inc Po Box 10317 Napa, CA 94581 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$151.00
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3.150	Nonpriority creditor's name and mailing address KR Medical Technologies, LLC PO Box 279 Roanoke, TX 76262 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,995.00
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3.151	Nonpriority creditor's name and mailing address Kroger Burrus 3100 Westayan, Suite 300 Houston, TX 77027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,591.57
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3.152	Nonpriority creditor's name and mailing address Landauer PO Box 809051 Chicago, IL 60680 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,412.02
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3.153	Nonpriority creditor's name and mailing address Landport Systems Inc 1630 North Main St. Walnut Creek, CA 94596 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$435.00
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3.154	Nonpriority creditor's name and mailing address Lantheus Medical Imaging, Inc PO Box 101236 Atlanta, GA 30392 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,600.00
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Debtor University General Hospital, LLC		Case number (if known) 17-42570-rfn11
Name		

3.155	Nonpriority creditor's name and mailing address Lawrence Brown 9309 Lugary Houston, TX 77074 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,098.81
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3.156	Nonpriority creditor's name and mailing address LDR Spine USA Inc PO Box 671716 Dallas, TX 75267 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$68,401.50
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3.157	Nonpriority creditor's name and mailing address Lea Barth, Individually and on Behalf of Ronald Barth, Deceased c/o Jay Winckler 4407 Bee Cave Road, Bldg. 2, Suite 222 Austin, TX 78746 Date(s) debt was incurred <u>04/05/2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Litigation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.158	Nonpriority creditor's name and mailing address Lexion Medical LLC 545 Atwater Circle Saint Paul, MN 55103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,979.06
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3.159	Nonpriority creditor's name and mailing address Maine Standards Company LLC 221 US Route 1 Cumberland Foreside, ME 04110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,996.51
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3.160	Nonpriority creditor's name and mailing address Matera Paper Company PO Box 200184 San Antonio, TX 78220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,938.56
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3.161	Nonpriority creditor's name and mailing address McAfee & Taft 211 North Robinson Oklahoma City, OK 73102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43,107.62
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Debtor	University General Hospital, LLC Name	Case number (if known)	17-42570-rfn11
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3.162	Nonpriority creditor's name and mailing address McKesson Technologies Inc 22423 Network Place Chicago, IL 60673-1224 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,640.06
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3.163	Nonpriority creditor's name and mailing address Med One 5328 PO Box 271128 Salt Lake City, UT 84127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equipment Financing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40,779.06
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3.164	Nonpriority creditor's name and mailing address Med One 5329 PO Box 271128 Salt Lake City, UT 84127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equipment Financing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$105,460.94
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3.165	Nonpriority creditor's name and mailing address Medhost Direct, Inc. 2739 Momentum Place Chicago, IL 60689 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$200,811.50
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3.166	Nonpriority creditor's name and mailing address Medical Contracting Services, Inc. 10300 N Central Expy Suite 470 Dallas, TX 75231 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,006.51
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3.167	Nonpriority creditor's name and mailing address Medical Journal - Houston PO Box 686 Dickinson, TX 77539 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,200.00
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3.168	Nonpriority creditor's name and mailing address Medical Technology Associates 6840 Cross Bayou Drive Largo, FL 33777 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.42
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Debtor Name	Case number (if known)	
University General Hospital, LLC	17-42570-rfn11	
3.169 Nonpriority creditor's name and mailing address Medisafe America LLC 9423 Corporate Lake Drive Tampa, FL 33634 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$727.03
3.170 Nonpriority creditor's name and mailing address Medivators Inc. NW 9841 Minneapolis, MN 55485 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,704.34
3.171 Nonpriority creditor's name and mailing address Medline Industries Inc. Dept 1080 Dallas, TX 75312 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,610.37
3.172 Nonpriority creditor's name and mailing address MEDMANAGEMENT, LLC 1500 URBAN CENER DR BIRMINGHAM, AL 35242 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,860.00
3.173 Nonpriority creditor's name and mailing address MEDO VATIONS, INC 102 E. KEEFE AVE MILWAUKEE, WI 53212 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,207.04
3.174 Nonpriority creditor's name and mailing address MedShape, Inc 1575 Northside Drive NW Atlanta, GA 30318 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,120.00
3.175 Nonpriority creditor's name and mailing address Medtronic USA Inc PO Box 848066 Dallas, TX 75284-8086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$159,439.37

Debtor	University General Hospital, LLC Name	Case number (if known)	17-42570-rfn11
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3.176	Nonpriority creditor's name and mailing address Merit Medical Systems Inc PO Box 204842 Dallas, TX 75320 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,796.59
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3.177	Nonpriority creditor's name and mailing address Methodist Pathology Associates PLLC 6565 Fannin Street, B490 Houston, TX 77030 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,003.50
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3.178	Nonpriority creditor's name and mailing address Metro Linen Service PO BOX 978 MCKINNEY, TX 75070 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$87,369.90
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3.179	Nonpriority creditor's name and mailing address MGC Diagnostics/Medical Graphics Corp Bin #11 Minneapolis, MN 55480 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$470.89
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3.180	Nonpriority creditor's name and mailing address Microbiology Specialists Inc. 8911 Interchange Drive Houston, TX 77054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,305.00
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3.181	Nonpriority creditor's name and mailing address MINT MEDICAL PHYSICIAN STAFFING LP 2500 WILCREST, SUITE 100 HOUSTON, TX 77042 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$240,956.63
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3.182	Nonpriority creditor's name and mailing address MircroAire Lock Box 96565 Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$198.72
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Debtor	University General Hospital, LLC	Case number (if known)	17-42570-rfn11
Name			
3.183	Nonpriority creditor's name and mailing address Mobile Instrument Service 333 Water Avenue Bellefontaine, OH 43311-1777 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,720.33
3.184	Nonpriority creditor's name and mailing address Munsch Hardt Kopf & Harr, P.C. Accounting Dallas, TX 75201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,706.00
3.185	Nonpriority creditor's name and mailing address MyStaffingPro PO Box 642 Toldeo, OH 43697 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$233.75
3.186	Nonpriority creditor's name and mailing address National Technical Information Service 5301 Shawnee Rd. Alexandria, VA 22312 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,340.00
3.187	Nonpriority creditor's name and mailing address Natus Medical Incorporated PO Box 3604 Carol Stream, IL 60132-3604 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$741.52
3.188	Nonpriority creditor's name and mailing address Nephropathology Associates, PLC PO Box 34113 Little Rock, AR 72203-4113 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,501.00
3.189	Nonpriority creditor's name and mailing address NetworkEquipment.net 1108 NW 16th Okahoma City, OK 73106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,088.56

Debtor	University General Hospital, LLC Name	Case number (if known)	17-42570-rfn11
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3.190	Nonpriority creditor's name and mailing address Newbart Products Inc. 10424 Rockley Road Houston, TX 77099 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$427.52
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3.191	Nonpriority creditor's name and mailing address NexGen Biologics 32735 Seagate Drive, Unit 208 Rancho Palos Verdes, CA 90275 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,400.00
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3.192	Nonpriority creditor's name and mailing address Northwest Houston Surgical Association, 21216 NW Freeway #250 Cypress, TX 77429 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,773.38
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3.193	Nonpriority creditor's name and mailing address Office Depot, Inc. PO Box 630813 Cincinnati, OH 45263 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$192.54
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3.194	Nonpriority creditor's name and mailing address OPA 1, LTD 5420 West Loop S Bellaire, TX 77401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,655.35
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3.195	Nonpriority creditor's name and mailing address Optum360 PO Box 88050 Chicago, IL 60680 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$375.09
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3.196	Nonpriority creditor's name and mailing address OrthoMed 4710 Katy Fwy Houston, TX 77007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37,790.00
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Debtor Name	University General Hospital, LLC	Case number (if known)	17-42570-rfn11
3.197	Nonpriority creditor's name and mailing address Osiris Therapeutics Inc PO Box 37553 Baltimore, MD 21297-3553 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
3.198	Nonpriority creditor's name and mailing address OsteoMed LLC 2241 Collection Center Drive Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,143.60
3.199	Nonpriority creditor's name and mailing address Ostrom Morris PLLC 6363 Woodway, Suite 300 Houston, TX 77057 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,313.94
3.200	Nonpriority creditor's name and mailing address Owens & Minor PO Box 841420 Dallas, TX 75284 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,858.49
3.201	Nonpriority creditor's name and mailing address P.C.S Copier Service Inc. PO Box 42261 Houston, TX 77242 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$338.28
3.202	Nonpriority creditor's name and mailing address Paragon 28 Inc. 4B Inverness Court East Englewood, CO 80112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,897.50
3.203	Nonpriority creditor's name and mailing address Parcus Medical LLC 6423 Parkland Drive Sarasota, FL 34243 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,220.00

Debtor	University General Hospital, LLC	Case number (if known)	17-42570-rfn11
3.204	Nonpriority creditor's name and mailing address PartsSource Inc. PO Box 645186 Cincinnati, OH 45264-5186 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,232.04
3.205	Nonpriority creditor's name and mailing address Peak Neuromonitoring Physicians I, PLLC PO Box 4585 Houston, TX 77210-4585 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,600.00
3.206	Nonpriority creditor's name and mailing address Physicians' Record Company 3000 S. Ridgeland Ave. Berwyn, IL 60402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,227.12
3.207	Nonpriority creditor's name and mailing address PitneyBowes PO Box 371874 Pittsburgh, PA 15250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$89.97
3.208	Nonpriority creditor's name and mailing address Praxair Distribution, Inc PO Box 120812 Dallas, TX 75312 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,015.05
3.209	Nonpriority creditor's name and mailing address Precision Dynamics Corporation PO Box 71549 Chicago, IL 60694 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,138.15
3.210	Nonpriority creditor's name and mailing address Priority Health Management, LLC PO Box 2489 Brentwood, TN 37024 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,376.98

Debtor University General Hospital, LLC		Case number (if known) 17-42570-rfn11
Name		

3.211	Nonpriority creditor's name and mailing address Professional Media Resources Post Office Box 460380 St. Louis, MO 63146-7380 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$141.40
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3.212	Nonpriority creditor's name and mailing address ProHealth Staffing, LLC 100 West Harrison Seattle, WA 98119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,919.50
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3.213	Nonpriority creditor's name and mailing address Quik Print 10637 N. May Oklahoma City, OK 73120 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,022.26
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3.214	Nonpriority creditor's name and mailing address RadLink Accounting Office 7322 Southwest Frwy., Suite 780 Houston, TX 77074 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,377.70
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3.215	Nonpriority creditor's name and mailing address ReedSmith LLP PO Box 75318 Baltimore, MD 21275 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Legal services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$144,856.15
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3.216	Nonpriority creditor's name and mailing address Ricoh USA, Inc. PO Box 660342 Dallas, TX 75266 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,494.43
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3.217	Nonpriority creditor's name and mailing address Royal Cup Inc PO Box 206011 Dallas, TX 75320-6011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,584.00
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Debtor Name	Case number (if known)	
University General Hospital, LLC	17-42570-rfn11	
3.218 Nonpriority creditor's name and mailing address RR Donnelley PO Box 932721 Cleveland, OH 44193 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,811.33
3.219 Nonpriority creditor's name and mailing address RX REMOTE SOLUTIONS, INC 6409 QUAIL HOLLOW ROAD MEMPHIS, TN 38120 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,748.09
3.220 Nonpriority creditor's name and mailing address RX REMOTE SOLUTIONS, INC c/o Peter L. Scimeca Andrews Davis, PC 100 N. Broadway, Suite 3300 Oklahoma City, OK 73102 Date(s) debt was incurred <u>4/19/2017</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.221 Nonpriority creditor's name and mailing address SCA Pharmaceuticals 12120 Colonel Glenn Road Little Rock, AR 72210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,481.82
3.222 Nonpriority creditor's name and mailing address SchureMed 452 Randolph St Abington, MA 02351 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$881.00
3.223 Nonpriority creditor's name and mailing address SETRAC - SouthEast Texas Regional Adviso 1111 North Loop West Houston, TX 77008-5806 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$750.00
3.224 Nonpriority creditor's name and mailing address Shaelock Enterprises, Inc. PO Box 2345 Spring, TX 77383 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,396.42

Debtor	University General Hospital, LLC Name	Case number (if known)	17-42570-rfn11
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3.225	Nonpriority creditor's name and mailing address Shannon Yarrow HealthCare Consulting, LL PO Box 7908 Jackson, WY 83002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,856.57
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3.226	Nonpriority creditor's name and mailing address Sherre Lewis 12126 Hilltop Dr Willis, TX 77318 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$85.00
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3.227	Nonpriority creditor's name and mailing address Shred Pro Services LLC PO Box 690166 Houston, TX 77269 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,342.91
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3.228	Nonpriority creditor's name and mailing address SI-Bone Inc 3055 Olin Ave San Jose, CA 95128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,420.00
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3.229	Nonpriority creditor's name and mailing address Sizewise Rentals, LLC PO Box 320 Ellis, KS 67637 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,135.75
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3.230	Nonpriority creditor's name and mailing address Smith & Nephew, Inc 75 Remittance Drive, Suite 6493 Chicao, IL 60675-6493 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,600.00
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3.231	Nonpriority creditor's name and mailing address SMITH & NEPHEW, INC. PO Box 951605 Dallas, TX 75395 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$101,588.65
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Debtor	University General Hospital, LLC Name	Case number (if known)	17-42570-rfn11
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3.232	Nonpriority creditor's name and mailing address Solis Medical Lab 7501 Fannin Street, Suite 800 Houston, TX 77054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,454.00
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3.233	Nonpriority creditor's name and mailing address South Texas Nuclear Pharm 8399 Alameda Road Suite K Houston, TX 77054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,495.00
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3.234	Nonpriority creditor's name and mailing address Southeastern Employee Benefit Services Lockbox #24996 Chicago, IL 60673-1249 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,212.50
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3.235	Nonpriority creditor's name and mailing address Sparkletts & Sierra Springs PO Box 660579 Dallas, TX 75266 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$231.74
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3.236	Nonpriority creditor's name and mailing address Spectranetics Corp 4588 Solutions Center Chicago, IL 60677-4005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,626.01
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3.237	Nonpriority creditor's name and mailing address Spinal Elements 3115 Melrose Drive, Suite 200 Calsbad, CA 92010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,275.00
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3.238	Nonpriority creditor's name and mailing address SpineSmith Holdings, LLC 93 Red River Street Austin, TX 78701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,256.50
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Debtor	University General Hospital, LLC Name	Case number (if known)	17-42570-rfn11
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3.239	Nonpriority creditor's name and mailing address Stambush Staffing, LLC PO Box 2167 Stafford, TX 77477-2167 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,912.04
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3.240	Nonpriority creditor's name and mailing address Staples Advantage Dept DAL Chicago, IL 60696 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,388.96
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3.241	Nonpriority creditor's name and mailing address STAR MEDICAL THERAPY 15255 GULF FREEWAY HOUSTON, TX 77034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,750.00
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3.242	Nonpriority creditor's name and mailing address Stryker Endoscopy C/O Stryker Sales Corp Chicago, IL 60673 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,072.18
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3.243	Nonpriority creditor's name and mailing address Stryker Instruments P O Box 70119 Chicago, IL 60673-0119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,244.64
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3.244	Nonpriority creditor's name and mailing address Stryker Orthopedics Attn: JP Morgan - 93213 1360 N. Wood Dale Rd., #B Wood Dale, IL 60191 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,841.77
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3.245	Nonpriority creditor's name and mailing address Stryker Sales Corporation 1950 Hanahan Road Charleston, SC 29406 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$727.43
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Debtor	University General Hospital, LLC Name	Case number (if known)	17-42570-rfn11
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3.246	Nonpriority creditor's name and mailing address Summer Energy, LLC PO Box 660938 Dallas, TX 75266 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,271.26
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3.247	Nonpriority creditor's name and mailing address Surgical Product Solutions, LLC 643 First Avenue Pittsburgh, PA 15219 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$846.00
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3.248	Nonpriority creditor's name and mailing address Symmetry Surgical 3034 Owen Dr Antioch, TN 37013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$878.18
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3.249	Nonpriority creditor's name and mailing address Symphony Performance Health 500 E Main St, Suite 340 Branford, CT 06405 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$702.15
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3.250	Nonpriority creditor's name and mailing address Synthes PO Box 8538-662 Philadelphia, PA 19171-0662 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,085.63
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3.251	Nonpriority creditor's name and mailing address Sysco Houston 10710 Greens Crossing Blvd Houston, TX 77038 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$68,234.26
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3.252	Nonpriority creditor's name and mailing address T. JAYAKUMAR M.D. P.A. 7501 Fannin St. Houston, TX 77054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,450.00
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Debtor University General Hospital, LLC		Case number (if known) 17-42570-rfn11
Name		

3.253	Nonpriority creditor's name and mailing address TDIndustries PO Box 300008 Dallas, TX 75303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58,245.13
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3.254	Nonpriority creditor's name and mailing address Teleflex Medical, Inc PO Box 601608 Charlotte, NC 28260-1608 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,143.35
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3.255	Nonpriority creditor's name and mailing address Tennant Sales and Service Co PO Box 71414 Chicago, IL 60694-1414 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$407.35
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3.256	Nonpriority creditor's name and mailing address Terumo Medical Corporation PO Box 841733 Dallas, TX 75284 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,268.98
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3.257	Nonpriority creditor's name and mailing address The Methodist Hospital PO Box 4315 Houston, TX 77210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,450.25
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3.258	Nonpriority creditor's name and mailing address The Standard Register Co. PO Box 840655 Dallas, TX 75284 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,083.44
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3.259	Nonpriority creditor's name and mailing address Tissue Regenix Wound Care, Inc PO Box 841379 Dallas, TX 75284 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,875.00
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Debtor	University General Hospital, LLC Name	Case number (if known)	17-42570-rfn11
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3.260	Nonpriority creditor's name and mailing address TranS1 - Quandary Medical, LLC 2629 W 32nd Ave Denver, CO 80211-5934 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,150.00
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3.261	Nonpriority creditor's name and mailing address Trilliant Surgical LTD 6721 Portwest Drive Houston, TX 77024 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,232.00
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3.262	Nonpriority creditor's name and mailing address Trinity Physics Consulting, LLC PO Box 670675 Dallas, TX 75267 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,750.00
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3.263	Nonpriority creditor's name and mailing address Triple D Uniform Rental Inc 4031 Southerland Road Houston, TX 77092 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,587.09
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3.264	Nonpriority creditor's name and mailing address Truth Chemical PO Box 3307 Lafayette, LA 70502 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$817.54
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3.265	Nonpriority creditor's name and mailing address TZ Medical Inc 17750 SW Upper Boones Ferry Rd Portland, OR 97224 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$600.00
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3.266	Nonpriority creditor's name and mailing address Ultimate Medical Services, Inc. 6004 Hwy 90 East Lake Charles, LA 70615 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37,129.68
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Debtor	University General Hospital, LLC Name	Case number (if known)	17-42570-rfn11
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3.267	Nonpriority creditor's name and mailing address United Ad Label RR Donnelley 300 Lang Blvd. Grand Island, NY 14072 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$805.49
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3.268	Nonpriority creditor's name and mailing address UOC USA Inc. 20 Fairbanks Irvine, CA 92618 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,165.00
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3.269	Nonpriority creditor's name and mailing address UPS PO Box 7247-0244 Philadelphia, PA 19170 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$679.38
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3.270	Nonpriority creditor's name and mailing address US Foods Box 840396 Dallas, TX 75284 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,880.69
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3.271	Nonpriority creditor's name and mailing address US HealthWorks PO Box 404974 Atlanta, GA 30384 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.00
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3.272	Nonpriority creditor's name and mailing address US Med-Equip, Inc. PO Box 41321 Houston, TX 77241 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,171.88
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3.273	Nonpriority creditor's name and mailing address Varco Staffing Inc c/o Euler Hermes Collections North Ameri 800 Red Brook Blvd., Suite 400 C Owings Mills, MD 21117 Date(s) debt was incurred ____ Last 4 digits of account number <u>5191</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,185.50
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Debtor Name	University General Hospital, LLC	Case number (if known)	17-42570-rfn11
3.274	Nonpriority creditor's name and mailing address Vasamed, Inc 7615 Golden Traingle Dr Eden Prairie, MN 55344 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$357.23
3.275	Nonpriority creditor's name and mailing address Viking Delivery Service Attn: Accts Payable 11419 Brittmoore Park Dr. Houston, TX 77041 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,252.00
3.276	Nonpriority creditor's name and mailing address Vilex 111 Moffitt Street McMinnville, TN 37110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,051.67
3.277	Nonpriority creditor's name and mailing address Vision Service Plan of Oklahoma PO Box 45295 San Francisco, CA 94146 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,603.06
3.278	Nonpriority creditor's name and mailing address Volcano Corporation 24250 Network Place Chicago, IL 60673 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,414.86
3.279	Nonpriority creditor's name and mailing address White Coat Interactive, Inc. c/o Robert S. Clark, Sr. Clark & Jordan, L.P. 9225 Katy Freeway, Suite 314 Houston, TX 77024 Date(s) debt was incurred <u>02/09/2015</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.280	Nonpriority creditor's name and mailing address William Leska c/o Steven R. Davis Davis & Davis, Attorneys at Law 440 Louisiana, Suite 1850 Houston, TX 77002 Date(s) debt was incurred <u>09/19/2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor **University General Hospital, LLC**
NameCase number (if known) **17-42570-rfn11**

3.281 Nonpriority creditor's name and mailing address

Winona Jacqueline Reine
c/o Theresa F. Ford
The Ford 4 Justice Law Firm
2626 South Loop West, Suite 650C
Houston, TX 77054Date(s) debt was incurred 01/23/2017Last 4 digits of account number As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☒
- Disputed

Basis for the claim: LitigationIs the claim subject to offset? ☒ No ☐ Yes**Unknown**

3.282 Nonpriority creditor's name and mailing address

Wound Care Advantage, LLC
304 W. Sierra Madre Blvd.
Sierra Madre, CA 91024Date(s) debt was incurred Last 4 digits of account number As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: Trade DebtIs the claim subject to offset? ☒ No ☐ Yes**\$154,941.46**

3.283 Nonpriority creditor's name and mailing address

Wright Medical Technology, Inc
PO Box 503482
St. Louis, MO 63150Date(s) debt was incurred Last 4 digits of account number As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: Trade DebtIs the claim subject to offset? ☒ No ☐ Yes**\$13,767.70**

3.284 Nonpriority creditor's name and mailing address

X-Spine Systems, Inc.
452 Alexandersville Road
Miamisburg, OH 45342Date(s) debt was incurred Last 4 digits of account number As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: Trade DebtIs the claim subject to offset? ☒ No ☐ Yes**\$147,033.00**

3.285 Nonpriority creditor's name and mailing address

YourCareUniverse, Inc
2739 Momentum Place
Chicago, IL 60689-5327Date(s) debt was incurred Last 4 digits of account number As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: Trade DebtIs the claim subject to offset? ☒ No ☐ Yes**\$8,495.50**

3.286 Nonpriority creditor's name and mailing address

Zerlene Davis
3230 W Litle York Rd
Houston, TX 77091Date(s) debt was incurred Last 4 digits of account number As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: Trade DebtIs the claim subject to offset? ☒ No ☐ Yes**\$22.35**

3.287 Nonpriority creditor's name and mailing address

Zimmer
PO Box 840166
Dallas, TX 75284Date(s) debt was incurred Last 4 digits of account number As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: Trade DebtIs the claim subject to offset? ☒ No ☐ Yes**\$70,224.23****Part 3: List Others to Be Notified About Unsecured Claims****4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2.** Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

Debtor **University General Hospital, LLC**
NameCase number (if known) **17-42570-rfn11**

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the
related creditor (if any) listed?Last 4 digits of
account number, if
any**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 1,794.00
5b. +	\$ 33,418,209.83
5c.	\$ 33,420,003.83

Fill in this information to identify the case:Debtor name **University General Hospital, LLC**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**Case number (if known) **17-42570-rfn11**☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.**1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal**Property*

(Official Form 206A/B).

2. List all contracts and unexpired leases**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**2.1. State what the contract or lease is for and the nature of the debtor's interest **Contract / Coding Software**State the term remaining **Evergreen**

List the contract number of any government contract _____

**3M Company
575 West Murray Boulevard
Murray, UT 84123**2.2. State what the contract or lease is for and the nature of the debtor's interest **Contract / Accounts Receivable Management**State the term remaining **03/14/2018**

List the contract number of any government contract _____

**Accordias Healthcare Services, LLC
1161 Murfreesboro Pike
Suite 100
Nashville, TN 37214**2.3. State what the contract or lease is for and the nature of the debtor's interest **Contract / Lease Agreement**State the term remaining **11/16/2021**

List the contract number of any government contract _____

**Alere Informatics, inc.
2000 Holiday Drive
Suite 500
Charlottesville, WV 22901**2.4. State what the contract or lease is for and the nature of the debtor's interest **Contract / Referral Testing**State the term remaining **05/12/2018**

List the contract number of any government contract _____

**Argentum Toxicology, LLC
100 E. Nasa Parkway
Suite 409
Webster, TX 77598**

Debtor 1 **University General Hospital, LLC**

First Name

Middle Name

Last Name

Case number (if known) **17-42570-rfn11****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5.	State what the contract or lease is for and the nature of the debtor's interest	Contract / Intraoperative Neurophysical Monitoring	
	State the term remaining	10/17/2018	Argos IOM Services, LP
	List the contract number of any government contract		6140 Highway 6 #211 Missouri City, TX 07459
<hr/>			
2.6.	State what the contract or lease is for and the nature of the debtor's interest	Contract / Temporary staffing services	
	State the term remaining	Month-to-Month	Ascend National, LLC dba Rad-Link Supple
	List the contract number of any government contract		7322 SW Freeway Suite 780 Houston, TX 77074
<hr/>			
2.7.	State what the contract or lease is for and the nature of the debtor's interest	Contract / Hospital Inpatient Acute Care Services	
	State the term remaining	09/01/2017	Asperion of Texas, LLC dba Hospica Compa
	List the contract number of any government contract		Creekside Crossing IV, 12 Cadillac Drive Suite 360 Brentwood, TN 37027
<hr/>			
2.8.	State what the contract or lease is for and the nature of the debtor's interest	Contract / Software Support	
	State the term remaining	Evergreen	Aspyra, LLC
	List the contract number of any government contract		7400 Baymeadows Way Suite 101 Jacksonville, FL 32256
<hr/>			
2.9.	State what the contract or lease is for and the nature of the debtor's interest	Contract / Intraoperative Neurophysical Monitoring	
	State the term remaining	12/2/2017	Axis Neuromonitoring, LLC
	List the contract number of any government contract		P O Box 1577 Waller, TX 77484
<hr/>			
2.10.	State what the contract or lease is for and the nature of the debtor's interest	Contract / Bundled Provider	
	State the term remaining	1/4/2018	Bayou City Surgical Specialists, PLLC
	List the contract number of any government contract		7580 Fannin Street Suite 303 Houston, TX 77057

Debtor 1 **University General Hospital, LLC**

First Name

Middle Name

Last Name

Case number (if known) **17-42570-rfn11****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.11. State what the contract or lease is for and the nature of the debtor's interest **Contract / Call Center Services**

State the term remaining **9/18/2017**

List the contract number of any government contract

**BioMerieux
PO Box 500308
Saint Louis, MO 63150**

2.12. State what the contract or lease is for and the nature of the debtor's interest **Contract / Hospital Building**

State the term remaining **7/20/2026**

List the contract number of any government contract

**Cambridge International, LLC
7505 Fannin Street
Suite 304
Houston, TX 77054**

2.13. State what the contract or lease is for and the nature of the debtor's interest **Lease / MOB Suite 703**

State the term remaining **10/31/2021**

List the contract number of any government contract

**Cambridge International, LLC (MOB)
7505 Fannin Street
Suite 304
Houston, TX 77054**

2.14. State what the contract or lease is for and the nature of the debtor's interest **Lease / MOB Suite 750**

State the term remaining **11/14/2021**

List the contract number of any government contract

**Cambridge International, LLC (MOB)
7505 Fannin Street
Suite 304
Houston, TX 77054**

2.15. State what the contract or lease is for and the nature of the debtor's interest **Contract / Secondary Pharmaceutical Supplier**

State the term remaining **6/30/2018**

List the contract number of any government contract

**Cardinal Health 110, Inc. and Cardinal H
7000 Cardinal Place
Dublin, OH 43017**

2.16. State what the contract or lease is for and the nature of the debtor's interest **Contract / Pathology Lab**

**Clinical Laboratories of Houston dba Cli
P O Box 26013
El Paso, TX 79926**

Debtor 1 **University General Hospital, LLC**

First Name

Middle Name

Last Name

Case number (if known) **17-42570-rfn11****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining **4/1/2012**

List the contract number of any government contract _____

2.17. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

Comprehensive Pharmacy Services, LLC
PO Box 638316
Cincinnati, OH 452632.18. State what the contract or lease is for and the nature of the debtor's interest **Contract / Referral Testing**State the term remaining **10/3/2017**

List the contract number of any government contract _____

Concord Life Sciences, LLC
5151 Mitchelldale St.
Suite B10
Houston, TX 770922.19. State what the contract or lease is for and the nature of the debtor's interest **Contract / Electricity Supply**State the term remaining **12/9/2019**

List the contract number of any government contract _____

Constellation NewEnergy, Inc.
1221 Lamar Street
Suite 750
Houston, TX 770102.20. State what the contract or lease is for and the nature of the debtor's interest **Contract / Credentialing Software**State the term remaining **2/15/2021**

List the contract number of any government contract _____

Credentialing Service, LLC dba Symplr
6616 Cypress Creek Parkway
Suite 800
Houston, TX 770902.21. State what the contract or lease is for and the nature of the debtor's interest **Contract / Outpatient Wound Care and Hyperbaric Oxygen Treatment Services**State the term remaining **4/13/2018**

List the contract number of any government contract _____

Curatio Solutions, LLC
6100 Camp Bowie Blvd
Suite 28
Ft. Worth, TX 76116

Debtor 1 **University General Hospital, LLC**

First Name

Middle Name

Last Name

Case number (if known) **17-42570-rfn11****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.22. State what the contract or lease is for and the nature of the debtor's interest **Contract / Sharps Waste Management Services**

State the term remaining **3/17/2018**

List the contract number of any government contract _____

**Daniels Sharpsmart, Inc.
111 W. Jackson Boulevard
Suite 720
Chicago, IL 60604-4133**

2.23. State what the contract or lease is for and the nature of the debtor's interest **Contract / CPA Services**

State the term remaining **Until end of assignment**

List the contract number of any government contract _____

**Eide Bailly
5 Triad Center
Suite 600
Salt Lake City, UT 84180-1106**

2.24. State what the contract or lease is for and the nature of the debtor's interest **Lease / Purchase-Leaseback Agreement**

State the term remaining **5/31/2018**

List the contract number of any government contract _____

**First Financial Corporate Leasing, LLC d
711 Kimberly Avenue
Suite 160
Placentia, CA 92870**

2.25. State what the contract or lease is for and the nature of the debtor's interest **Contract / Disaster Response**

State the term remaining _____

List the contract number of any government contract _____

**Garner Environmental Services, Inc.
1717 West 13th Street
Deer Park, TX 77536**

2.26. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining **12/31/2020**

List the contract number of any government contract _____

**GE Medical Systems Information Technolog
8200 West Tower Avenue
Milwaukee, WI 53223**

2.27. State what the contract or lease is for and the nature of the debtor's interest **Contract / Acute Dialysis Services**

State the term remaining **11/26/2017**

List the contract number of any _____

**Greater Houston Dialysis, LLC
P O Box 1101
Bellaire, TX 77402**

Debtor 1 **University General Hospital, LLC**

First Name

Middle Name

Last Name

Case number (if known) **17-42570-rfn11****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.28. State what the contract or lease is for and the nature of the debtor's interest **Contract / Blood Services**

State the term remaining **5/26/2018**

List the contract number of any government contract

**Gulf Coast Regional Blood Center
1400 La Concha
Houston, TX 77054-1802**

2.29. State what the contract or lease is for and the nature of the debtor's interest **Contract / Managed Print Services and Support Schedule**

State the term remaining **6/1/2018**

List the contract number of any government contract

**Hewlett Packard
2580 S Decker Lake Blvd
Suite 200
Salt Lake City, UT 84119**

2.30. State what the contract or lease is for and the nature of the debtor's interest **Contract / On-Site Support Service**

State the term remaining **6/20/2017**

List the contract number of any government contract

**Karl Storz Endoscopy
2151 E. Grand Avenue
EL Segundo, CA 90245-5017**

2.31. State what the contract or lease is for and the nature of the debtor's interest **Contract / Software**

State the term remaining **6/29/2019**

List the contract number of any government contract

**McKesson Health Solutions
10101 Woodloch Forest
The Woodlands, TX 77380**

2.32. State what the contract or lease is for and the nature of the debtor's interest **Contract / Security Guard Service**

State the term remaining **Until terminated**

List the contract number of any government contract

**Med-Security, Inc.
7707 Fannin Street
Houston, TX 77054**

2.33. State what the contract or lease is for and the nature of the debtor's interest **Contract / EMR**

**MedHost Direct, LLC
6550 Carothers Parkway
Suite 100
Franklin, TN 37067**

Debtor 1 **University General Hospital, LLC**

First Name

Middle Name

Last Name

Case number (if known) **17-42570-rfn11****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining **terminated 03/6/2017**

List the contract number of any government contract _____

2.34. State what the contract or lease is for and the nature of the debtor's interest **Contract / Temporary staffing services**State the term remaining **N/A**

List the contract number of any government contract _____

**Medical Contracting Services and PRN Poo
10300 N Central Expy Suite 470
Dallas, TX 75231**2.35. State what the contract or lease is for and the nature of the debtor's interest **Contract / Physician Advisor Services**State the term remaining **6/14/2017**

List the contract number of any government contract _____

**MedManagement, LLC dba Ediphy Advisors
1500 Urban Center Drive
Suite 325
Vestavia Hills, AL 35242**2.36. State what the contract or lease is for and the nature of the debtor's interest **Contract / Linen Rental**State the term remaining **1/1/2021**

List the contract number of any government contract _____

**Metro Linen Service
PO BOX 978
McKinney, TX 75070**2.37. State what the contract or lease is for and the nature of the debtor's interest **Contract / Courier Services**State the term remaining **10/4/2017**

List the contract number of any government contract _____

**Moore Transportation
6525 Turner Fields Lane
Dickinson, TX 77539**2.38. State what the contract or lease is for and the nature of the debtor's interest **Contract / Medical Account Purchase and Lien Servicing**State the term remaining **12/31/2017**

List the contract number of any government contract _____

**National Health Finance DM, LLC
1347 N. Alma School Road
Suite 150
Chandler, AZ 85224**

Debtor 1 **University General Hospital, LLC**

First Name

Middle Name

Last Name

Case number (if known) **17-42570-rfn11****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.39.	State what the contract or lease is for and the nature of the debtor's interest	Letter of Engagement / Representation of UGH in the "matter"	
	State the term remaining	Until matter is complete	Nelson Mullins Riley & Scarborough, LLP
	List the contract number of any government contract		3751 Robert M. Grissom Parkway Suite 300 Myrtle Beach, SC 29577-6412
<hr/>			
2.40.	State what the contract or lease is for and the nature of the debtor's interest	Contract / Bundled Provider	
	State the term remaining	11/4/2017	Northwest Houston Surgical Association,
	List the contract number of any government contract		21216 NW Freeway #250 Cypress, TX 77429
<hr/>			
2.41.	State what the contract or lease is for and the nature of the debtor's interest	Lease / Mail Equipment	
	State the term remaining	2/12/2020	Pitney Bowes
	List the contract number of any government contract		PO Box 371874 Pittsburgh, PA 15250
<hr/>			
2.42.	State what the contract or lease is for and the nature of the debtor's interest	Contract / Management services of toxicology lab	
	State the term remaining	10/11/2018	Principle HS, LLC
	List the contract number of any government contract		100 E Nasa Rd 1 Suite 410 Webster, TX 77598-5345
<hr/>			
2.43.	State what the contract or lease is for and the nature of the debtor's interest	Contract / Hospice and Hospital Services	
	State the term remaining	11/14/2017	Resolutions Hospice, LLC
	List the contract number of any government contract		P O Box 342956 Austin, TX 78734
<hr/>			
2.44.	State what the contract or lease is for and the nature of the debtor's interest	Contract / Intraoperative Monitoring	
	State the term remaining	10/19/2017	Revolution Monitoring, LLC
	List the contract number of any government contract		4925 Greenville Avenue Suite 200 Dallas, TX 75206

Debtor 1 **University General Hospital, LLC**

First Name

Middle Name

Last Name

Case number (if known) **17-42570-rfn11****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.45. State what the contract or lease is for and the nature of the debtor's interest **Lease / Copiers**State the term remaining **5/10/2019**

List the contract number of any government contract

**Ricoh Business Solutions
8303 Southwest Freeway
Houston, TX 77074**2.46. State what the contract or lease is for and the nature of the debtor's interest **Contract / Blood Glucose Testing Products**State the term remaining **11/3/2019**

List the contract number of any government contract

**Roche Diagnostics Corporation
c/o Owens & Minor
2700 Britmoore Drive
Houston, TX 77043**2.47. State what the contract or lease is for and the nature of the debtor's interest **Contract / Remote Pharmacy Services**State the term remaining **8/2/2021**

List the contract number of any government contract

**RxRemote Solutions
6409 Quail Hollow Road
Memphis, TN 38120**2.48. State what the contract or lease is for and the nature of the debtor's interest **Contract / Small Volume Blood Testing**State the term remaining **5/23/2018**

List the contract number of any government contract

**Sanis Biomed Management of Houston, LLC
861 E. 33rd Street
Edmond, OK 73013**2.49. State what the contract or lease is for and the nature of the debtor's interest **Contract / Purchase Services**State the term remaining **2/16/2018**

List the contract number of any government contract

**Select Specialty Hospital - Houston, LP
1917 Ashland Street
Houston, TX 77008**2.50. State what the contract or lease is for and the nature of the debtor's interest **Contract / Standard Laboratory Services****SML, Inc. dba Solis Medical Laboratory
7501 Fannin Street
Suite 800
Houston, TX 77074**

Debtor 1 **University General Hospital, LLC**

First Name

Middle Name

Last Name

Case number (if known) **17-42570-rfn11****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining **Evergreen**

List the contract number of any government contract _____

2.51. State what the contract or lease is for and the nature of the debtor's interest **Contract / Supplemental Staffing**State the term remaining **4/25/2018**

List the contract number of any government contract _____

**Springboard, Inc.
6970 E. Chauncey Lane
Suite 110
Phoenix, AZ 85054**2.52. State what the contract or lease is for and the nature of the debtor's interest **Contract / Temporary staffing and permanent placement**State the term remaining **Evergreen**

List the contract number of any government contract _____

**Stambush Staffing, LLC
13130 Cane Lake Court
Sugar Land, TX 77498**2.53. State what the contract or lease is for and the nature of the debtor's interest **Contract / Patient Transfer Agreement**State the term remaining **1/1/2018**

List the contract number of any government contract _____

**SUN Houston, LLC
7601 Fannin Street
Houston, TX 77054**2.54. State what the contract or lease is for and the nature of the debtor's interest **Contract / Radiology Services**State the term remaining **12/31/2020**

List the contract number of any government contract _____

**Texas Radiology Associates, PA dba Assoc
20320 Northwest Freeway
Suite 900
Houston, TX 77065**2.55. State what the contract or lease is for and the nature of the debtor's interest **Lease / Medical Equipment**State the term remaining **4/15/2021**

List the contract number of any government contract _____

**Toshiba America Medical Credit
P O Box 911608
Denver, CO 80291-1608**

Debtor 1 **University General Hospital, LLC**

First Name

Middle Name

Last Name

Case number (if known) **17-42570-rfn11****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.56. State what the contract or lease is for and the nature of the debtor's interest **Contract / Radiological Related Services**

State the term remaining

8/28/2017

List the contract number of any government contract

Trinity Physics Consulting, LLC
14655 Northwest Freeway
Suite 132
Houston, TX 77040

2.57. State what the contract or lease is for and the nature of the debtor's interest **Contract / Mobile Catheter Usage Program**

State the term remaining

9/28/2018

List the contract number of any government contract

Volcano Corporation
2870 Kilgore Road
Rancho Cordova, CA 95670

2.58. State what the contract or lease is for and the nature of the debtor's interest **Contract / Wound Care Hyperbaric Program**

State the term remaining

6/6/2021

List the contract number of any government contract

Wound Care Advantage, LLC
304 W. Sierra Madre Blvd.
Sierra Madre, CA 91024

2.59. State what the contract or lease is for and the nature of the debtor's interest **Contract / Web-based software**

State the term remaining

8/24/2017

List the contract number of any government contract

ZirMed, Inc.
888 West Market Street
Louisville, KY 40202

Fill in this information to identify the case:Debtor name **University General Hospital, LLC**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**Case number (if known) **17-42570-rfn11**☐ Check if this is an amended filing**Official Form 206H****Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:*

2.1 **Foundation HealthCare, Inc.** **13900 N. Portland Avenue, Suite 200
Oklahoma City, OK 73134**

☐ D _____
☐ E/F _____
☐ G _____

2.2 **Foundation Surgical Hospital
Mgmt, LLC** **13900 N. Portland Avenue, Suite 200
Oklahoma City, OK 73134**

☐ D _____
☐ E/F _____
☐ G _____

Fill in this information to identify the case:Debtor name University General Hospital, LLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXASCase number (if known) 17-42570-rfn11☐ Check if this is an amended filing**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on July 6, 2017**X /s/ Richard Zahn**

Signature of individual signing on behalf of debtor

Richard Zahn

Printed name

Manager

Position or relationship to debtor